

DATE: _____

REQUEST FOR REZONING



NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PROPERTY OWNER IF DIFFERENT THAN ABOVE: _____

LOCATION OF PROPERTY YOU ARE REQUESTING TO BE REZONED (ATTACH MAP):

EXACT LEGAL DESCRIPTION OF PROPERTY:

CURRENT ZONING: _____

PROPOSED ZONING: _____

PROPOSED USE OF PROPERTY (ATTACH SITE PLAN):

Applicant's Signature

NON-REFUNDABLE FEE: \$250

Receipt # _____ Account - 01.44733 (02)

To City Council: _____

To Plan Commission: _____

Publication Dates: _____